

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>5/12/05</u>		2 Serial/Patent # <u>10/518,949</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 40%;">Filing</td><td style="width: 15%; text-align: center;">1</td><td style="width: 15%; text-align: center;">12/17/04</td><td style="width: 20%; text-align: right;">\$ 100.00</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/17/04	\$ 100.00	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	4 PAPER NUMBER 5 DATE FILED 6 AMOUNT		
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7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		\$ 100.00																																																			
8 TO BE REFUNDED BY: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Treasury Check Credit Deposit A/C #: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03--1952 </div>																																																			
10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 40%;">Overpayment</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):																																														
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11 REFUND REQUESTED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> TYPED/PRINTED NAME: <u>Anita Johnson</u> </td> <td style="width: 50%; padding: 5px;"> TITLE: <u>Paralegal</u> </td> </tr> <tr> <td style="padding: 5px;"> SIGNATURE: <u>Anita Johnson</u> </td> <td style="padding: 5px;"> PHONE: <u>308-9140</u> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> OFFICE: <u>DO/EO</u> </td> </tr> </table>				TYPED/PRINTED NAME: <u>Anita Johnson</u>	TITLE: <u>Paralegal</u>	SIGNATURE: <u>Anita Johnson</u>	PHONE: <u>308-9140</u>	OFFICE: <u>DO/EO</u>																																													
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: